

DEFENSE Exhibit Police • 2 = P. 2

MEDICAL REPORT SEXUAL ASSAULT COMPLAINT		CITY OF PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH FAMILY MEDICAL CARE SERVICES DIVISION OF MATERNAL AND CHILD HEALTH		POLICE VEHICLE NO. 853 DATE 8/12/99
NAME OF PATIENT Gloria Harper		BIRTHDATE 5/4/58		AGE 41
ADDRESS OF PATIENT EPISCOPAL HOSPITAL FRONT & LEHIGH AVE PHILA PENNA 19129		711 W LYCOMING PHILA PA 19140		
AUTHORIZATION FOR RELEASE OF INFORMATION I hereby authorize _____ Hospital to release medical information re- garding any examination and treatment for sexual assault to the Philadelphia Police Department and the Office of the District Attorney of Philadelphia County.				
DATE 8/13/99	PATIENT SIGNATURE <i>Gloria Harper</i>			
PARENT OR GUARDIAN SIGNATURE		RELATIONSHIP	ADDRESS	
WITNESS <i>Patricia Webb RN</i>		ADDRESS EPISCOPAL HOSPITAL		
POLICE COPY OF THIS REPORT RECEIVED BY (Signature) <i>Thomas M. ...</i>		BADGE NO. 2015	DISTRICT SVC.	
MEDICAL REPORT				
DATE AND TIME OF ALLEGED ASSAULT 8/12/99 11 ³⁰ <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		DATE AND TIME OF ARRIVAL AT HOSPITAL 8/12/99 <input type="checkbox"/> A.M. 35 <input checked="" type="checkbox"/> P.M. 10		DATE AND TIME OF EXAMINATION 8/13/99 <input checked="" type="checkbox"/> A.M. 120 <input type="checkbox"/> P.M.
OVERALL CONDITION AND DESCRIPTION: - Pt is a 41 y.o. f who states that she was sexually abused by her ex boyfriend = 10 ³⁰ am on 8/12/99. Pt states that she was sexually penetrated no oral or rectal penetration Com V Stansburg 640 A-2d 1368 at 1370 Com V Majorania 445 A-2d 529 at 532 (Foot Note 8) D.N.A EVIDENCE is F.A.I.S.G				
ROUTINE PELVIC EXAMINATION SEE NOTES Trial Testimony Volume III Page 64 Num				
EXTERNAL GENITALIA nml extend genit) bER 18 to Page 65 Number 20. Brady V				
VAGINA @ wds oc) Maryland 373 US 83, 87-89, 83 SCt 1194, 1195-119				
CERVIX @ wds oc) Arizona V Fulminante 499 US 279 at 308, 1115				
CORPUS nml, nt ct 1246 1264. Edwards V Balisok 520 US 641, 647-				
ADNEXA nt 648, 117 SCt 1584				
RECTO-VAGINAL wnl				
DATE 8/13/99	EXAMINING PHYSICIAN <i>J. ...</i>			
I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL HOSPITAL RECORDS CONCERNING THE EXAMINATION OF THE ABOVE NAMED PATIENT.				
DATE	NAME		TITLE	